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## Medicine and Religion

THERE HAS BEEN a growing acknowledgement in recent years that a patient's religious belief can play a vital role in his treatment and cure. As physicians, we naturally want to give each patient the most complete care possible. We want to treat the WHOLE man. I believe a new program the California Medical Association is developing in conjunction with the American Medical Association will help us do this more effectively in the future.

The AMA recently organized a Department of Medicine and Religion. Under its program, individual physicians and clergymen are being urged to get together at the local level for the benefit of the patient—to ensure that the whole man is provided for. Plans call for regular meetings aimed at strengthening a national program under which they can join forces.

The groundwork is being laid now in California to implement this program. There will be panel discussions involving physicians and ministers of all leading faiths in the various counties. Informal chats are planned where there can be discussion of common problems. You are going to hear a lot more about this program in months to come.

Why is such a program needed? Here, in my opinion, are some of the reasons:

Physicians are primarily concerned with the patient's physical condition, the clergy, with his spiritual welfare. And, although strong barriers separated science from religion in past centuries, today we are aware of the complex inter-relationships between man's body and his mind—or spirit, if you prefer. Today, we know that each can interact on the other—and that both must be treated.

I would like to quote a distinguished clergyman, Dr. Julian B. Feibelman, Rabbi of Temple Sinai in New Orleans, on this subject:

"The curtain between mind and spirit is thin, and often transparent. Who can distinguish between the sense of guilt, the domain of the psychiatrist, and the sense of sin, the minister's precinct? Do hopelessness and despair, loneliness and rejection, depression and obsession fall in the mental realm or the spiritual realm-or both? Sooner or later, they are malady or disease."

These are questions that many times challenge the physician and the clergyman. Our Medicine and Religion Program may well provide some answers, and some solutions to the problems they share.

I find it most heartening that in recent years great interest in the relationship of medicine and religion has been shown by the public information media television, radio, newspapers and magazines and in seminars and forums attended by some of America's most respected medical and spiritual leaders.

Obviously, the two great fields of healing are growing closer. Perhaps only in science and the soul can twentieth-century man find refuge from the ultimate threat of nuclear extinction.

We who serve others should join forces. Medicine and religion must grow with reciprocal respect for each other and with deeper cooperation in meeting the tasks that confront us mutually.

James C. Doyle